

# STATEMENT OF TRANSFER OF MANUFACTURED HOMES TO AN HEIR

Wisconsin Department of Commerce  
s.867.06 Wis. Stats.

Submit this statement with the Certificate of Title, form SB-10687, and \$16.00 transfer fee for each manufactured home.  
(The transfer fee is \$8.50 for each manufactured home transferred to the surviving spouse of the deceased.)

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

|  |               |
|--|---------------|
| Name of Surviving Heir                       |               |
| Street Address                               |               |
| City, State, Zip Code                        |               |
| Name of Deceased                             | Date of Death |
| Deceased's Solely-Owned Property Total Value |               |

|                          |                       |               |
|--------------------------|-----------------------|---------------|
| Manufactured Home 1 Make | Identification Number | Maximum Value |
| Manufactured Home 2 Make | Identification Number | Maximum Value |

As an heir of the deceased, I state that the information given above is correct and true and the deceased has no solely-Owned property that exceeds \$20,000 in value according to the requirements of s.867.03 Wisconsin Statutes.

X \_\_\_\_\_  
(Signature of Heir)

X \_\_\_\_\_  
(Signature of Heir)